United Nations E/ICEF/1999/P/L.10/Add.1

Economic and Social Council

Distr.: Limited
7 July 1999
English
Original: English/French

United Nations Children's Fund
Executive Board
Second regular session 1999
7–10 September 1999
Item 9 of the provisional agenda*

For action

Country programme recommendation**

Niger

Addendum

Summary

This addendum to the country note submitted to the Executive Board at its first regular session of January 1999 contains the final country programme recommendation for approval by the Board.

The Executive Director *recommends* that the Executive Board approve an amount of US$ 31,672,000 from general resources, subject to the availability of funds, and an amount of US$ 13,500,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the Niger country programme for the period 2000–2004.

* E/ICEF/1999/15.

** The original country note provided only indicative figures for the estimated programme cooperation The figures indicated in this addendum are final and reflect the unspent balances of programme cooperation at the end of 1998. These figures are contained in the summary of 1999 recommended commitments for programmes to be financed from general resources and supplementary funding (E/ICEF/1999/P/L.16).

99-20297 (E) 050899 060899

Contents

		Page
	Situation of children and women	3
	Programme cooperation, 1995–1999	3
	Recommended programme cooperation, 2000–2004	6
Tables		
1.	Basic statistics on children and women	10
2.	Expenditure under previous cooperation period, 1995–1998	12
3.	Planned yearly expenditures	13
4.	Linkage of programme budget and staffing/staff costs	14

Situation of children and women

1. The Niger, a large, landlocked desert country situated in the Sahel region, with a population of 9.8 million inhabitants (1997) of whom some 60 per cent live below the poverty line, is among the least developed countries, with a gross national product of US$ 200 per capita (1996). The rate of population growth remains high (3.4 per cent) and the total period fertility rate is 7.5 children per woman of childbearing age. The high maternal mortality rate, estimated at least 590 per 100,000 live births, is due largely to the persistence of multiple pregnancies that are too closely spaced, a high incidence of anaemia and very limited access to qualified emergency delivery care. The environment that mothers and children currently live in is characterized by a lack of basic service facilities. The rural areas, where more than 80 per cent of the population lives, suffers from a shortage of qualified technical personnel, especially in the social sectors. Only a third of the road network, estimated at over 10,000 kilometres, is paved and modern means of communication are limited, increasing the country's isolation and adversely affecting efforts to reduce maternal mortality.

2. The survival and development of children remain a major concern. According to the 1998 Population and Health Survey, the infant and child mortality rates fell from 318 to 274 per 1,000 live births between 1992 and 1998 and the infant mortality rate is estimated at 123 per 1,000 live births. The main causes of death among children remain malaria, acute respiratory infections (ARI), diarrhoea and measles. In 1998, vaccination coverage was estimated at 42 per cent for tuberculosis and 57 per cent for measles. Overall, 16 per cent of children had insufficient birth weight and at least one out of three children under five suffers from wasting. Access to drinking water and adequate sanitation systems remains limited, 48 and 17 per cent in urban and rural areas, respectively. The HIV seropositive rate among the general population is estimated at 2 per cent. Gross school enrolment ratios are very low, 40 per cent overall and 23 per cent for girls.

3. The Niger has not yet ratified the Convention on the Elimination of All Forms of Discrimination against Women. Women are unaware of their rights; that, coupled with the weight of tradition, limits women's ability to take initiatives. Women are generally overburdened with work (up to 17 hours a day), under-nourished and in a precarious financial situation; they are also on their own, since the men frequently migrate. All this has an impact on the time and quality of care given to young children and fosters malnutrition. Underlying causes such as early marriage and teenage pregnancies further aggravate maternal and infant and child mortality. The 1998 Population and Health Survey showed that nearly one out of every two girls already has a child or is pregnant by the age of 17 and that mortality rates are higher among children born to young mothers.

4. Current social indicator levels contrast with the efforts being made: from 1984 to 1994, 15 per cent of Government expenditures and 12 per cent of official development assistance funds were devoted to basic social welfare services. This is compounded by difficulties relating to the management of the economy, implementation of the privatization policy, tension created by political instability and social unrest, leading to a slowdown in investments. While recent political events have prompted certain donors to freeze or suspend their assistance, they have had little effect on activities at the district level. The decentralization process, which involves the redrawing of administrative boundaries up to the district level and the election of representatives at all levels, should promote greater involvement of the people in local development. While civil society is a recent development, it is experiencing real dynamic growth — despite frequent changes in the political context — primarily because there are many non-governmental organizations and associations and organizations for the protection of human rights.

Programme cooperation, 1995–1999

5. The aim of the 1995–1999 cooperation programme was to help to achieve the objectives of the national plan of action formulated following the World Summit for Children. While the objectives of the decade were not attained because they were too ambitious, some encouraging progress was made: specific mortality rates due to diarrhoea and measles among children under five years declined; the number of cases of dracunculiasis fell by 91 per cent; the number of cases of vitamin A deficiency declined; immunization coverage for measles increased from 28 to 57 per cent and the proportion of girls enrolled in the first year of primary education rose from 24 to 42 per cent.

6. The health programme has helped to strengthen access to primary health care and to improve the quality of health care within the framework of the Bamako Initiative. UNICEF provided assistance to 101 of the 241 integrated health centres that were revitalized at the national level. However, there is no way, as yet, of ensuring a steady supply of reasonably priced drugs on the spot and this could jeopardize results of several years of efforts. Arrangements are therefore being made to establish a national centre for

the procurement of essential drugs. The national immunization drives proved to be a relevant and efficient strategy, which helped to create not only a national commitment to immunization but also to improve the quality of the cold chain and logistics. Thus, in 1997 and 1998, respectively, 95 and 100 per cent of the targeted children aged between 0 and 5 years received their poliomyelitis booster immunizations. In 1998, over 2,070,000 children aged between six months and five years were given, in addition, a dose of vitamin A. In 1999, the national drives for immunization against measles reached more than 100 per cent of the estimated target population of children aged between 9 and 23 months.

7. In the field of maternal health, genuine efforts have been made to adopt new standards and procedures so as to promote pregnancy monitoring and increase the percentage of births attended by trained personnel. As a result of better integration of activities, most maternal and child health services now have a policy for identifying high-risk pregnancies. Between 1992 and 1996, the percentage of pregnant women receiving antenatal care increased from 30 to 40 per cent and the percentage of births attended by trained personnel rose from 22 to 37 per cent. With regard to efforts to combat AIDS, the main achievements have been in the area of AIDS education in the schools. The Joint United Nations Programme on HIV/AIDS (UNAIDS) coordinated the activities undertaken by the agencies of the United Nations system. The achievements of the health programme have been complemented by the activities of the other partners, including the World Health Organization (WHO), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Capital Development Fund (UNCDF), the World Bank, the European Union, the Belgian, French and German agencies for cooperation, the United States Agency for International Development (USAID), Basics, CARE International, the Rotary Club and the United States Centres for Disease Control and Prevention.

8. As far as the prevention of iodine deficiency is concerned, the programme has helped to initiate and promote the universal iodization of salt; the percentage of households consuming iodized salt increased from 7 per cent in 1996 (Multiple Indicator Cluster Survey (MICS)) to 66 per cent in 1998 (ioduria survey). Community-based growth monitoring of children under three years of age involved 472 villages and 129,000 newborns were monitored. This monitoring effort is better implemented when it is supported by other activities, such as functional literacy programmes for women, and when parents are directly involved. In the area of household food security, the activities carried out increased the food supply in the target villages from 20 to 37 per cent. These activities also received support from other donors including the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO), the World Bank and the non-governmental organizations Helen Keller International and Catholic Relief Services.

9. With respect to water supply, 56 new wells have been equipped with manual pumps and four small water supply schemes have been implemented; in addition, 180 wells have been rehabilitated. These activities have helped to provide drinking water for about 125,000 people and have supplemented the activities of other partners, including the cooperation agencies of France, Germany, Japan, the Netherlands and Switzerland. Support activities such as the training of village water point management committees and local repairers, as well as the involvement of women in such committees, helped to improve hygiene in 278 villages and to empower the populations concerned in the management and maintenance of the equipment. The community contributed 60 per cent of the financing required for the construction of 950 latrines. Between 1991 and 1998, the number of dracunculiasis cases declined sharply from 32,829 to 2,700 as a result of the combined efforts of several other donors, including the Norwegian Government, Global 2000, WHO and the Peace Corps.

10. The basic education programme has provided support for the definition of the national education policy adopted in June 1998. This programme gives priority to the enrolment of girls and the development of non-formal approaches. Thanks to the support of the Norwegian Government and the Canadian International Development Agency, the programme has provided direct assistance to 310 schools in the 13 target districts with respect to the training and refresher-training of teachers as well as to supplies and teaching material. Special emphasis was put on innovative strategies. Thus, the implementation of practical and productive activities and the involvement of the people in the selection and implementation of activities has helped to create a new impetus in the sector. This has led to a steady increase in the enrolment rate of girls in the target schools from 24 per cent in 1994–1995 to 42.5 per cent in 1998–1999.

11. The social policies, strengthening of community initiatives and information-communications programme has provided support for institutional reforms in the areas of social development, health and education. The study on the 20/20 Initiative has permitted the formulation of a plan of action for mobilizing resources for essential social services. A study on the establishment of institutional capacity with

respect to that Initiative was financed by UNDP, while another study on the impact of public expenditures was financed by UNICEF. The increase in resources at the end of the current cycle helped to enhance efforts to gather and analyse basic and reference data concerning the target departments of the new programme.

Lessons learned from recent cooperation

12. The implementation of the programme has showed that important and targeted efforts are needed to reach the most vulnerable women, most of whom are illiterate. Indeed, even when health or education services exist, it is often difficult for women to have access to them because of their limited autonomy and heavy workload. Girls generally do not attend school and those who do enrol generally drop out before their fifteenth birthday. Therefore, social service programmes should specifically address such problems and help to resolve them. Activities developed for women, such as literacy classes and income-generating activities, should take into account the constraints and specific needs of such women. To that end, it is desirable to increase the number of women on the social services staff.

13. Experience has shown that, in a setting where very few basic needs are met, activities should be multidimensional whenever possible in order to better respond to the needs of beneficiaries and to improve efficiency. For example, reducing the rate of maternal mortality calls for improving access to basic delivery care, getting girls to postpone marriage and having children, raising the literacy rate among girls and women, strengthening their financial capacity and improving their nutrition. Community-based integrated activities would need to be strengthened by effective and high-profile activities at the national level, such as national immunization drives. Efforts should also be made to be creative in the area of communications and social mobilization, especially with a view to adapting specific techniques and skills to the needs of a population with a low level of literacy. Communications material must be appropriate (posters and audio-visual equipment) and be based on traditional means of communication, which can also be used for economic and social development. Communications methods such as focus groups and knowledge, attitude and practice (KAP) surveys, should also be used in order to get a better understanding of the perceptions and expectations of various population groups.

14. In practical terms, the implementation of the programme has been hindered by the high turnover among managerial staff, strikes resulting from delays in the payment of civil servants' salaries, logistical problems and inadequate monitoring of activities. In order to improve and speed up results, the mid-term review recommended enhancing the integration and geographical convergence of activities, further promoting the participation of women and increasing cooperation with the other partners. Since recent political events have prompted some partners to leave and others to suspend their external aid, this may affect the sustainability of programmes and set back efforts to improve children's welfare. These problems have been taken into account in the definition and strategic orientation of the new programme.

Recommended programme cooperation, 2000–2004

General resources: US$ 31,672,000

Supplementary funding: US$ 13,500,000

Recommended programme cooperation [a]

(In thousands of United States dollars)

	General resources	*Supplementary funding*	*Total*
Health and nutrition	5 600	5 570	11 170
Basic education	3 275	2 185	5 460
Integrated basic services	11 860	3 895	15 755
Communications	3 335	850	4 185
Social policies	4 310	1 000	5 310
Cross-cutting costs	3 292	–	3 292
Grand total	**31 672**	**13 500**	**45 172**

[a] The breakdown of estimated annual expenditures is in table 3.

Aims and objectives of the programme

15. The programme is mainly based on the Government's priorities including, in the area of poverty alleviation, the guidelines of the national strategy note as well as the principles of the Convention on the Rights of the Child and the World Summit for Children. The programming process was coordinated by the Ministry of Planning. National officials, the sister agencies of the United Nations system, multilateral and bilateral cooperation agencies and non-governmental organizations were closely involved. The programme reflects the achievements of sectoral meetings on health and education in terms of objectives, strategies and partnership opportunities. The preliminary review meeting permitted a fruitful exchange of views on key issues such as concerns with respect to legal texts on women's rights, the role and relations of cooperation between civil society, non-governmental organizations, the Government and UNICEF.

16. The goal of the country programme is to promote development centred on child survival and the exercise of children's and women's rights. The objectives — to be achieved by 2004 — are: (a) to reduce infant and maternal mortality rates by 15 per cent and the under-five mortality rate by 20 per cent; (b) to increase the gross enrolment rate of girls from 23 to 35 per cent; and (c) to facilitate the access of children and communities to the basic knowledge required for the full enjoyment of their rights. The complementarity and synergy between the Government's efforts and those of other development partners will facilitate the attainment of these objectives, which go beyond the framework of the country programme. What sets this programme apart is the fact that it combines national activities with other activities that are located in the same geographical area.

17. The country programme consists of five programmes. Four of them — health and nutrition; basic education; communications; and social policies — are sectoral programmes. Each of them will have two aspects, one concerning the development of policies at the central level, the other concerning the promotion and strengthening of essential social services that will benefit the country as a whole and as many people as possible. The fifth — dealing with integrated basic services — will focus on 10 departments with high rates of infant and child mortality where it may be possible to harmonize activities with other partners. Depending on whether additional resources can be mobilized and whether further prospects for collaboration arise, additional activities could be planned in one or two other departments. The activities to be carried out at the departmental level will cover groups of villages in a specific zone and will comprise integrated and coordinated activities in the fields of health, nutrition, education and sanitation. The community will be closely involved in their implementation.

Health and nutrition

18. The objectives of this programme are to: (a) reduce by 30 per cent the incidence of diseases targeted in the expanded programme on immunization among children under a year old; (b) reduce mortality caused by malaria, ARI and diarrhoea by 30 per cent among under-five children; (c) reduce maternal mortality due to delivery-related emergencies by 30 per cent; (d) eliminate virtually all iodine and vitamin A deficiency disorders; and (e) eradicate dracunculiasis. The programme will support policy reforms in the areas of health, nutrition, hygiene and sanitation and the implementation of integrated strategies on childhood diseases and the promotion of safe motherhood. It is composed of three projects: control of childhood diseases; reproductive health and control of AIDS; and nutrition and micronutrients.

19. The control of childhood diseases project will help to strengthen national capacity with respect to the design and implementation of national policies and strategies. One of the primary strategies used will be the integrated treatment of childhood diseases. Specific support will be given to immunization efforts, efforts to eradicate dracunculiasis, and efforts to control malaria, diarrhoeal diseases and ARI. Sustained efforts will be made to develop communications in the area of health designed to change behaviour.

20. The reproductive health and AIDS control project will focus on issues concerning policy definition, the implementation of strategies and capacity-building with a view to initiating or speeding up activities developed to reduce maternal mortality and the spread of HIV/AIDS. It will provide assistance to public health institutes and health officials in the area of training and will strengthen national efforts to develop and improve the quality of service delivery, including emergency delivery care. Assistance in communications and social mobilization will increase the demand for prenatal and post-natal care. The component on AIDS control will provide support for the national AIDS control programme by focusing on awareness-raising activities targeting young people and teenagers as well as pregnant and lactating women. UNAIDS will continue to be the framework for consultation and coordination of activities.

21. The nutrition and micronutrient project will focus on the prevention of micronutrient deficiencies and nutrition education. It will support efforts to strengthen the iodization monitoring mechanism and to provide vitamin A and folate supplements. It will help to develop national expertise in nutrition by providing assistance to national training institutions. It will also help to develop a nutrition monitoring system and support the training of trainers with a view to fostering community-based growth.

Basic education

22. The goals of this programme are to help to: (a) raise the gross primary school enrolment rate to 42 per cent overall and to 35 per cent for girls; (b) achieve a literacy rate of 22 per cent for girls; and (c) improve the quality of primary education. The programme will focus on implementing national educational policy, and, in particular, on raising school enrolment and literacy rates, and improving the quality of education in terms of content and methods. The programme comprises two projects: primary education and informal education.

23. The primary education project will promote the enrolment of girls by laying emphasis on the need to enrol and keep them in school. The availability and quality of education will be enhanced by revising curricula, training and retraining teachers, providing support for pedagogical innovations such as bilingual schools, distance education and community development training centres, supporting the development and promotion of literature in national languages, strengthening the participatory management of schools and developing planning systems and statistics.

24. The project on informal education will support the development and implementation of the national policy on literacy. Activities will be undertaken to assist in structuring and improving the contents of literacy courses and teaching methods. The project will use functional literacy to raise awareness among teenage girls and young women under 30, who are either illiterate or have dropped out of school, of the need for changes in practices and attitudes with respect to the identification and satisfaction of essential social needs.

Integrated basic services

25. The goals of this programme are to promote integrated and participatory social development at the community level in the areas of health, nutrition, basic education and functional literacy among young women, water, hygiene and sanitation. In order to enhance the convergence and synergy of the interventions identified as the weaknesses of the previous programme, the basic services will identify a package of integrated activities which will be put into place by decentralized multisectoral technical teams in collaboration with the communities. The planning and

implementation unit will be composed of groups of villages, thus creating an impetus for development at the local level. The programme will be supported by social communications activities and its priority target will be the vulnerable segments of the population in the selected departments. It will permit the implementation of the sectoral programme strategies and will, in turn, foster the development of national policies.

26. The programme will help to make the integrated health centres, each of which serves about a dozen villages, functional. They will benefit from the implementation of a minimum package of activities that combine preventive care such as immunization, prenatal and post-natal care, growth monitoring and treatment, including comprehensive care for childhood diseases. Such centres will be managed in accordance with the principles of the Bamako Initiative. Activities relating to reproductive health will help to improve the efficiency of the health system. They will enhance the availability, accessibility and use of essential obstetrical care. Coverage of emergency delivery cases will be enhanced through the establishment of an adequate system of referral at the district health centre level. Special emphasis will be put on efforts to combat harmful practices, including early marriage. Specific assistance will also be provided to improve school health facilities.

27. Sustained action will be undertaken to ensure that there is a mass enrolment of children, especially girls, in schools and that they stay in school. The participatory management of schools will be enhanced through the direct involvement of the community and pupils. Functional literacy activities for women and girls will help to supplement and optimize interventions such as the creation of community empowerment units and social mobilization, the enhancement of family food security and community-based growth monitoring, water supply, the installation and use of appropriate family and school-based systems of sanitation and health, micro-credit and income-generating activities for women.

28. To make it easier to monitor progress, efforts will be made to promote relevant diagnostic, monitoring and evaluation tools with the involvement of the community. Preliminary studies and surveys will be carried out to reinforce baseline data. The minimum package of activities that need to be developed in each group of target villages will be determined through a situation analysis and participatory micro-planning.

Communications

29. The goals of this programme are to: (a) develop and implement an information, communications and social mobilization policy; (b) campaign for a substantial increase in resources from the State and development partners for essential social services with a view to the implementation of the 20/20 Initiative; (c) encourage the population to develop behaviour that favours issues of children's and women's survival, protection and participation.

30. The advocacy and social mobilization project will focus on the mobilization of financial resources for programmes under the 20/20 Initiative and the development of strategic alliances for the promotion and implementation of children's and women's rights as well as social policies. It will also foster coordination and harmonization with the United Nations agencies and external partners.

31. The aim of the communications project is to strengthen the operational capacities of the communications and social mobilization units, including radio clubs, and to develop information and education support mechanisms for population groups based on practical research. An integrated communications plan was developed for that purpose.

Social policies

32. The goals of this programme are to: (a) help to strengthen national capacities with respect to planning, social policy formulation and monitoring and evaluation systems; (b) develop the legal and institutional framework that will enable children and women to fully enjoy their rights; (c) promote the socio-economic integration and reintegration of children and women in need of special protection; and (d) help to create an environment that is propitious to boosting the purchasing power of vulnerable families. It is built around three projects: social planning; protection of children and women; and monitoring and evaluation.

33. The social planning project will contribute to the strengthening of national capacities for the formulation and implementation of social policies and project planning and management. Special emphasis will be put on the identification of children's needs and on activities that promote the effective exercise of children's and women's rights. It will also help to foster dialogue with development partners and the Government on social policies and on the need to reflect the social dimension in economic recovery and structural adjustment programmes that are implemented

as part of the implementation of the national plan under the 20/20 Inititative. Consultations and efforts to harmonize the planning of action with other bodies active in that field will be continued both at the national level and at the level of the target departments.

34. The project on the protection of children and women will promote efforts to bring national legislation into line with international legal instruments such as the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. A campaign will be launched for the ratification of the Convention on the Elimination of All Forms of Discrimination against Women and for a better understanding of the legal framework for the exercise of rights. Practical studies will be undertaken on family and socio-economic integration, including with respect to battered women, "talibé" (Koranic school) children, children in trouble with the law and working children.

35. The aim of the monitoring and evaluation project will be to improve the programme's quality and impact. Priority will be given to improving the gathering and availability of data to ensure better monitoring of the situation of children and women, monitoring of the implementation of the Convention on the Rights of the Child and implementation of an integrated monitoring and evaluation plan formulated for the country programme. This plan will make it easier to monitor indicators of the target departments on a regular and sustained basis and to organize the second multiple indicator cluster survey (MICS) to measure progress made during the decade. Indicators that make it possible to monitor programme and operations quality will be regularly measured and integrated into the work plan of the sections and into the individual performance evaluation system.

Programme management and partnership

36. The national committee for monitoring the implementation of the programme is composed of representatives of the research and programming departemnts of the different substantive ministries and is chaired by a representative from the Ministry of Planning. This committee is responsible for organizing biannual reviews of the programme — these were instituted in 1999 — adopting the annual sectoral plans of action, organizing the mid-term review planned for 2002 and coordinating programming for the following cycle. The technical activities are the responsibility of each ministry concerned and will be carried out and coordinated by the central departments or their decentralized units. In view of the programme's growing importance, the operational capacities of the office will have to be expanded. To that end, an area office has been opened in Maradi in order to better meet requirements in terms of decentralized implementation in this densely populated region.

37. Between 1995 and 1998, an amount of US$ 11.5 million was mobilized; that was 77 per cent of the total sought during that period. Particular attention will be devoted to the implementation of a plan for the mobilization of resources for the new programme. This strategic plan for the mobilization of funds will include a campaign to promote awareness about the programme's funding needs among its partners (bilateral, multilateral, non-governmental organizations and associations); there will be an ongoing dialogue with these partners on the planning and implementation of the programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Niger	(1997 and earlier years)		UNICEF country classification
Under-five mortality rate	285	(1997)	Very high U5MR
Infant mortality rate	169	(1997)	Very high IMR
GNP per capita	$ 200	(1997)	Low GNP
Total population	9.8 million	(1997)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1997
Births	(thousands)	245	336	423	480
Infant deaths (under 1)	(thousands)	47	64	81	92
Under-five deaths	(thousands)	78	108	135	154
Under-five mortality rate (per 1,000 live births)		330	320	320	285
Infant mortality rate (under 1) (per 1,000 live births)		197	191	191	169

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	49	43
(% weight for age,1985 /1992)	Severe	..	15
Babies with low birth weight (%, 1981)		15	..
Primary school children reaching grade 5 (%,1980 /1995)		73	73

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%,1997-98)	..	1
Timely complementary feeding rate (6-9 mos.) (%, 1996)	..	67
Continued breast-feeding rate (20-23 mos.) (%, 1996)	..	52
Prevalence of wasting (0-59 mos.) (%, 1985/1992)	38	15
Prevalence of stunting (0-59 mos.) (%, 1985/1992)	23	40
Total goitre rate	..	9
Household comsuming iodized salt (%, 1996)	..	7

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1996)		..	85
Routine EPI vaccines financed by government (%, 1997)		..	80
Access to safe water	Total	33	48
(% of population, 1980/1995)	Urban/rural	41 / 32	76 / 44
Access to adequate sanitation	Total	9	17
(% of population, 1980/1995)	Urban/rural	36 / 3	79 / 5
Births attended by trained personnel (%, 1983/1992)		47	15
Maternal mortality rate (per 100,000 live births, 1986-1992)		..	590

Immunization		1981	1985	1990	1997
One-year-olds (%) immunized against:	Tuberculosis	28	28	50	44
	DPT	6	4	13	28
	Polio	6	4	13	28
	Measles	19	27	21	42
Pregnant women (%) immunized against:	Tetanus	3	4	44	19

TABLE 1 (continued)

Niger

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1985/1996)	Total	26 / 25	29 / 24
	Male	33 / 32	36 / 30
	Female	18 / 17	22 / 19
Secondary enrolment ratio (gross/net) (%, 1980/1996)	Total	5 / 4	7 / 6
	Male	7 / 5	9 / 7
	Female	3 / 2	5 / 4
Adult literacy rate, 15 years & older (%, 1985/1995)	Total	10	13
Radio/television sets (per 1,000 population, 1980/1996)	Male/female	16 / 4	21 / 7
		45 / 1	69 / 12

DEMOGRAPHIC INDICATORS		1970	1980	1990	1997	2000
Total population	(thousands)	4165	5586	7731	9764	10730
Population aged 0-17 years	(thousands)	2188	2969	4184	5356	5872
Population aged 0-4 years	(thousands)	797	1090	1537	1960	2072
Urban population (% of total)		8.5	12.6	16.1	19.0	20.6
Life expectancy at birth (years)	Total	38	42	46	48	50
	Male	37	40	44	47	48
	Female	40	43	47	50	51
Total fertility rate		7.9	8.1	7.6	6.9	6.6
Crude birth rate (per 1,000 population)		59	60	55	49	47
Crude death rate (per 1,000 population)		26	23	20	17	16

		About 1980	Most recent
Contraceptive prevalence rate (%, 1977/1992)		1	4
Population annual growth rate (%, 1970-1990/1990-1997)	Total	3.1	3.4
	Urban	6.3	5.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1990-1996)		-2.5	-2.3
Inflation rate (%, 1965-80/1990-96)		8	7
Population below $1 a day (%, 1992)		..	62
Household income share (%, 1992)	Top 20%/bottom 40%	.. / ..	44 / 19
Government expenditure (% of total expenditure, 1980)	Health/education	4 / 18	.. / ..
	Defence	4	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance: (1980/1997)	$US millions	170	341
	As % of GNP	10	17
Debt service (% of goods and services exports(1980/1996)		6	13

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1995-1998 a/

COUNTRY: NIGER
LATEST BOARD APPROVAL: 1994
GENERAL RESOURCES: $16,611,000 00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
									Actual	Planned	Actual	Planned	Actual	Planned
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF						
Health	1,967	1,764	555	155	746	25	1,116	627	4,384	6,185	2,571	5,236	6,955	11,421
Household food security and nutrition	502	1,178	260	180	402	142	322	289	1,486	1,750	1,789	2,975	3,275	4,725
Water supply and sanitation	301	483	18	71	80	315	691	983	1,090	1,100	1,852	4,125	2,942	5,225
Education	79	336	92	200	196	36	116	484	483	1,750	1,056	1,335	1,539	3,085
Community organization and development	442	211	260	148	658	46	922	446	2,282	2,376	851	1,554	3,133	3,930
Programme support	174	46			740	129	439	17	1,353	3,450	192	3,405	1,545	6,855
Emergency	389						32	8	421		8		429	0
GRAND TOTAL	3,854	4,018	1,185	754	2,822	693	3,638	2,854	11,499	16,611 c/	8,319	18,630	19,818	35,241

GR = General resources
FSF = Funded supplementary funding
SF = Supplementary funding, funded and unfunded
a/ Actual expenditure includes expenditure recorded as at closure 15, 31 December 1998
b/ Actual GR expenditure includes allocations from global funds
c/ Includes $4,411,000 00 (E/ICEF/1998/P/L 28) for 1998-1999 additional General Resources

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: NIGER
PROGRAMME CYCLE : 2000-2004

	FUND	2000	2001	2002	2003	2004	TOTAL
INFORMATION AND COMMUNICATION	GR	665,000	665,000	665,000	665,000	675,000	3,335,000
	FSF						
	NSF	170,000	170,000	170,000	170,000	170,000	850,000
	TOTAL	835,000	835,000	835,000	835,000	845,000	4,185,000
BASIC EDUCATION	GR	655,000	655,000	655,000	655,000	655,000	3,275,000
	FSF						
	NSF	437,000	437,000	437,000	437,000	437,000	2,185,000
	TOTAL	1,092,000	1,092,000	1,092,000	1,092,000	1,092,000	5,460,000
HEALTH AND NUTRITION	GR	1,105,000	1,120,000	1,120,000	1,120,000	1,135,000	5,600,000
	FSF						
	NSF	1,114,000	1,114,000	1,114,000	1,114,000	1,114,000	5,570,000
	TOTAL	2,219,000	2,234,000	2,234,000	2,234,000	2,249,000	11,170,000
SOCIAL POLICY	GR	860,000	860,000	860,000	860,000	870,000	4,310,000
	FSF						
	NSF	200,000	200,000	200,000	200,000	200,000	1,000,000
	TOTAL	1,060,000	1,060,000	1,060,000	1,060,000	1,070,000	5,310,000
CROSS-SECTORAL COSTS	GR	664,000	649,000	661,000	660,000	658,000	3,292,000
	FSF						
	NSF						
	TOTAL	664,000	649,000	661,000	660,000	658,000	3,292,000
INTEGRATED BASIC SERVICES	GR	2,368,000	2,368,000	2,363,000	2,379,000	2,382,000	11,860,000
	FSF						
	NSF	779,000	779,000	779,000	779,000	779,000	3,895,000
	TOTAL	3,147,000	3,147,000	3,142,000	3,158,000	3,161,000	15,755,000
TOTAL, PROGRAMME BUDGET	GR	6,317,000	6,317,000	6,324,000	6,339,000	6,375,000	31,672,000
	FSF						
	NSF	2,700,000	2,700,000	2,700,000	2,700,000	2,700,000	13,500,000
	TOTAL	9,017,000	9,017,000	9,024,000	9,039,000	9,075,000	45,172,000
STAFF COSTS a/		656,815	701,583	740,368	763,243	782,940	3,644,949
GENERAL OPERATING COSTS		194,000	175,050	224,400	196,150	213,100	1,002,700
TOTAL, ESTIMATE SUPPORT BUDGET		850,815	876,633	964,768	959,393	996,040	4,647,649
GRAND TOTAL		9,867,815	9,893,633	9,988,768	9,998,393	10,071,040	49,819,649

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

E/CEE/1999/PI.10/Add.1

TABLE 4

COUNTRY : NIGER
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
INFORMATION AND COMMUNICATION	3,335,000			3,335,000	0	0	0	1	0	0	1	0	1	2	760,470	96,899	857,369
BASIC EDUCATION	3,275,000			3,275,000	0	0	0	0	0	0	0	1	0	1	0	185,462	185,462
HEALTH AND NUTRITION	5,600,000			5,600,000	0	0	1	0	0	0	1	1	2	4	824,863	250,961	1,075,804
SOCIAL POLICY	4,310,000			4,310,000	0	0	0	1	0	0	1	1	0	2	760,470	171,734	932,204
CROSS-SECTORAL COSTS	3,292,000			3,292,000	0	0	0	0	2	0	2	2	9	13	1,273,126	792,239	2,065,365
INTEGRATED BASIC SERVICES	11,860,000			11,860,000	0	0	0	2	0	0	2	4	8	14	1,520,940	1,202,620	2,723,560
TOTAL GR	31,672,000			31,672,000	0	0	1	4	2	0	7	9	20	36	5,139,849	2,699,915	7,839,764
SUPPLEMENTARY FUNDING :																	
INFORMATION AND COMMUNICATION		0	850,000	850,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION		0	2,185,000	2,185,000	0	0	0	1	0	0	1	0	1	2	760,470	70,708	831,178
HEALTH AND NUTRITION		0	5,570,000	5,570,000	0	0	0	0	1	0	1	1	1	3	636,563	242,442	879,005
SOCIAL POLICY		0	1,000,000	1,000,000	0	0	0	0	0	0	0	0	1	1	0	27,597	27,597
INTEGRATED BASIC SERVICES		0	3,895,000	3,895,000	0	0	0	0	0	0	0	1	3	4	0	341,994	341,994
TOTAL SF		0	13,500,000	13,500,000	0	0	0	1	1	0	2	2	6	10	1,397,033	682,741	2,079,774
TOTAL GR & SF	31,672,000	0	13,500,000	45,172,000	0	0	1	5	3	0	9	11	26	46	6,536,882	3,382,656	9,919,538
SUPPORT BUDGET			Operating costs Staffing	1,002,700	0	0	1	2	0	0	3	3	8	14	2,352,083	1,416,773	3,768,856
GRAND TOTAL (GR + SF + SB)					0	0	2	7	3	0	12	14	34	60	8,888,965	4,799,429	13,688,394
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										11 12	10 14	29 34	50 60	8,888,965	4,799,429	13,688,394

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.